







Trust Board Report

Meeting Date:	28 September 2015
Title:	Chief Executive's Report
Executive Summary:	This report indicates my involvement in various events, policies recently approved, and consultant appointments.
Action Requested:	To note the contents of the report
Report of:	David Loughton
Author: Contact Details:	Tel 01902 695950 david.loughton@nhs.net
Links to Trust Strategic Objectives	
Resource Implications:	Revenue: none Capital: none Workforce: none Funding Source: none
Risks: BAF/ TRR (describe risk and current risk score)	None highlighted
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	None
Appendices/ References/ Background Reading	None
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none">  Equality of treatment and access to services  High standards of excellence and professionalism  Service user preferences  Cross community working  Best Value  Accountability through local influence and scrutiny

Background Details

1

Review

This report is presented to indicate recent consultant appointments, and my involvement in local, regional and national meetings of significance and interest to the Board.

Consultant Appointments

The following consultant appointments have been made since the meeting on 27 July:

Mr J Barraclough - ENT
Dr D Tripathi – Breast and Neck Oncology
Dr S Tirumuru – Obstetrics and Gynaecology
Dr L Morse - Obstetrics and Gynaecology

There are no consultant retirements to report this month.

Policies

The following policies have been submitted for approval by the Trust Management Committee on 25 September:

OP69 Overseas Visitors
OP70 Private Patients Policy
HR05 Equality of Opportunity
HR07 Inclement Weather Policy
IP 09 Glove Policy
OP10 Risk Management and Patient Safety Reporting
OP92 Clinical Coding
OP91 Data Quality Policy
IP19 Blood and Body Spillage Management Policy
IP20 Urinary Catheter Policy

Visits and Events

Since the last Board meeting I have contributed to the following:

- 23 July: HealthWatch visit to new UECC
- 4 August: Visit by Northamptonshire Healthcare NHS FT (to inspect our Safehands/teletracking)
- 6 August: Extraordinary Sustaining Services Board meeting (regarding transfer of Haematology Services)
- 14 August: Visited Cannock Chase Hospital to inspect the Rehab Unit
- 19 August: Accompanied Hugo Massie-Taylor and Jill Cooksley on a visit to Cannock Chase Hospital – to observe integration
- 20 August: stakeholder meeting (with Jeremy Vanes) with Councillor Roger Lawrence and Keith Ireland, Wolverhampton City Council
- 24 August: Baroness Cumberledge visited our Maternity Services
- 2 September: (CQC) Quality Summit
- 2 September: launch event with Lea Road Medical Practice
- 7 September: Lord Carter visited to observe Safehands and teletracking
- 8 September: Neonatal Network board and AGM
- 10 September: TDA Midlands and East Chief Executive's event
- 10 September: conference call with Lord Prior (about agency spending)
- 11 September: Interviewing for post of Director of Planning and Contracting
- 16 September: Interviewing Ambassadors for Geonomics

- 16 September: Healthchat with Roy Lilley (in London)
- 18 September: Graduation Ceremony at Wolverhampton University for healthcare professionals

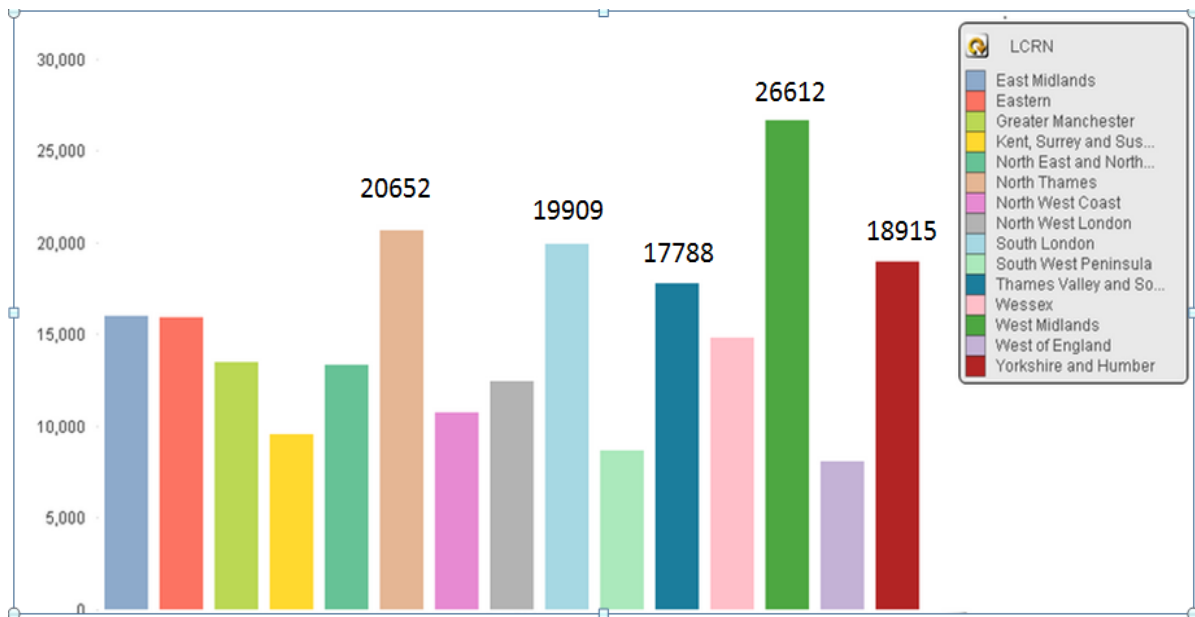
Local Awards

Matthew Brookes, who is a Clinical Consultant Gastroenterologist at the Trust was recently elected as Chair of the British Society of Gastroenterology Research Committee. This is a three-year national post, in which he will help support research across the UK through the development of a national research strategy to direct gastroenterology. This will include supporting trainees in Gastroenterology to pursue a research career in Gastroenterology.

The role will also involve maximising exposure of gastroenterologists and patients to research opportunities. He will also be expected to help involve patient and patient’s organisations in research activities. This will all be achieved through a series of national research committee meetings, along with developing themed annual research workshops in Gastroenterology.

Research Network – Recruitment to Trials Update

This graph of ODP data shows recruitment as of August, and shows an increase of around 4,000 recruits in a week. It shows an increase from 16,000 to 20,000 which is good news and puts us further ahead nationally.



This chart shows recruitment to NIHR Portfolio studies from April to August 2015. Our figures have increased from 20114 in the previous month which is a higher than usual monthly increase and has increased our lead over the other LCRNs. Of course we are the biggest LCRN so we would expect to have most recruitment, but even when adjusted for population, we are now well ahead of the median.

The LCRN performance to the end of August is very good currently ranking 1st out of 15 LCRN’s against the objective to increase the number of participants recruited into the NIHR CRN portfolio studies, achieving 93% of the stretch target with over 20,000 recruits to date.

The number of recruits per million population has also improved compared to 2014-15 whereas our year-end position was 13/15, our current position is 6/15.

Recruitment undertaken in primary care has seen the greatest improvement compared to 2014-15 with an over-performance against target of 42%, (almost double the number of recruits compared to the same time period last year).

The Carter Review

RWT is one of the ten additional trusts (announced last month) to take part in Lord Carter's review into hospital efficiency and savings. Lord Carter, chair of the NHS Procurement Development Delivery Board, has already been working alongside his team with the 22 cohort hospitals originally selected for analyses into their efficiency and productivity data. The review will help determine how £5bn a year of savings could be made by 2019-20 by improving workflow, containing workforce costs, and improved hospital pharmacy and medicines optimisation.

The 10 new cohort trusts to take part in the review are:

- East Lancashire Hospitals Trust
- Frimley Health Foundation Trust
- Hull and East Yorkshire NHS Trust
- North Middlesex University Hospital Trust
- Norfolk and Norwich Foundation Trust
- Royal Devon and Exeter Foundation Trust
- South Tyneside Foundation Trust
- The Royal Wolverhampton Trust
- University Hospitals Coventry and Warwickshire Trust
- University Hospitals of Leicester Trust

Lord Carter has set out a number of recommendations which he considers necessary to defining a "right model" of care in the NHS, believing that a 'Model NHS Hospital', coupled with the Adjusted Treatment Index (ATI) developed with the 22 original trusts in the review, can be "brought to life" to show how good clinical practice, workforce management and careful spending lead to measurable efficiency improvements while improving quality.

The 10 new trusts will join the procurement efficiency team currently comprising the following 22 hospitals:

- Leeds Teaching Hospitals NHS Trust
- Imperial College Healthcare NHS Trust
- Central Manchester University Hospitals NHS FT
- University College London Hospitals NHS FT
- Cambridge University Hospitals NHS FT
- Royal Free London NHS FT
- Mid Yorkshire Hospitals NHS Trust
- Portsmouth Hospitals NHS Trust
- Northumbria Healthcare NHS FT
- Plymouth Hospitals NHS Trust
- East Sussex Healthcare NHS Trust
- Buckinghamshire Healthcare NHS Trust
- Bolton NHS Foundation Trust
- Mid Essex Hospital Services NHS Trust
- University Hospitals of Morecambe Bay NHS FT
- Ipswich Hospital NHS Trust
- Salisbury NHS FT
- North Cumbria University Hospitals NHS Trust
- Hinchingbrooke Healthcare NHS Trust
- University Hospitals Birmingham NHS FT
- Salford Royal NHS FT
- Countess of Chester Hospital NHS FT

NHS Litigation Authority Annual Report and Accounts 2014/15

The Annual report and Accounts of the NHSLA for 2014/15 was published in July and can be found via this link:

<http://www.nhsla.com/aboutus/Documents/NHS%20LA%20Annual%20Report%20and%20Accounts%202014-15.pdf>

The Board is already aware, through the reports which it receives every six months, of the work and costs generated by the rising volume of claims, and this annual report merely reiterates the picture on a national scale. Last year about £1.1bn was paid out by the NHS in compensation, and the report says that a third of this sum ends up with claimants' lawyers. However, the authority reports that during 2014/15 it saved more than £1.2bn by "rejecting claims which had no merit". The estimated cost for compensation during 2015/16 is £1.4bn. One of the NHSLA's priorities for the year ahead will be to work with policy makers, other NHS bodies, clinicians and their scheme members (which includes RWT) to inform the debate on what might be done to reduce the financial burden on the NHS and increase the availability of scarce resources to the NHS and its patients. This will include an increased focus on safety and learning, transferring back into the NHS their experience of what has caused harm to patients and what might be done to achieve reductions in harm and the cost of harm.

Board Update

Maxine Espley left on 25 September to take up her new role outside the NHS. The process for appointing to the post of Director of Strategic Planning and Performance was underway at the time of preparing this report.

I also wish to place on record my appreciation for the contribution made to the Trust by Angela Adimora, Director of Human Resources and OD, who is leaving the Trust on 30 September. Interim arrangements are being put in place until a substantive replacement is in post.

Local Health Economy – Healthwatch Wolverhampton

The Board will wish to join me in welcoming Arko Sen, the newly appointed Chair of Healthwatch Wolverhampton, who will take up his post on 1 October.